ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Bavornrat

2. Surname (Last Name)  
   Vanadurongwan

3. Date  
   27-February-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Arthroscopic treatment of large tumor-like mass at medial side of leg caused by distal extension of meniscal cyst

6. Manuscript Identifying Number (if you know it)

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   No

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Dr. Vanadurongwan has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Chandhanarat  
2. Surname (Last Name)  
   Chandhanayingyong  
3. Date  
   27-February-2019  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Bavornrat Vanadurongwan  
5. Manuscript Title  
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Dr. Chandhanayingyong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ekavit
2. Surname (Last Name)  Keyurapan
3. Date  27-February-2019
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title  Arthroscopic treatment of large tumor-like mass at medial side of leg caused by distal extension of meniscal cyst
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Section 1. Identifying Information

1. Given Name (First Name)  Phob
2. Surname (Last Name)  Ganokroj
3. Date  27-February-2019

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name
Bavornrat Vanadurongwan

5. Manuscript Title
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1. Given Name (First Name) Pisit
2. Surname (Last Name) Lertwanich
3. Date 27-February-2019
4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author’s Name Bavornrat Vanadurongwan
5. Manuscript Title
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Dr. Lertwanich has nothing to disclose.

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